



ENERGY RETROFIT INCENTIVES RESERVATION FORM

To reserve an energy retrofit incentive through the *Home Upgrade, Carbon Downgrade* program, please complete, sign, & return the form:

Property-Owner Information

Last Name		First Name			
Property Address		Chula Vista City	CA State	Zip Code	Square Footage
() Daytime Telephone	() Alternate Telephone	Email			

Project Information

Retrofit Measure #1	Estimated Energy Savings
Retrofit Measure #2	Estimated Energy Savings
Retrofit Measure #3	Estimated Energy Savings
Retrofit Measure #4	Estimated Energy Savings
Retrofit Measure #5	Estimated Energy Savings
Retrofit Measure #5	Estimated Energy Savings
ESTIMATED TOTAL SAVINGS	
% REDUCTION	

RESIDENTIAL INCENTIVES

Prescriptive Approach - \$1,000

Performance Approach -

- 10% Reduction - \$1,250
- 15% Reduction - \$2,000
- 20% Reduction - \$2,000
- 25% Reduction - \$2,500
- 30% Reduction - \$3,000
- 35% Reduction - \$3,500
- 40% Reduction - \$4,000

COMMERCIAL INCENTIVES

Performance Approach -

- \$0.15 per kWh
- \$1.00 per Therm
- \$4,000 Maximum

ADDITIONAL DOCUMENTS

1. SDG&E Release of Customer Info
2. Copy of SDG&E Program Application

PROGRAM ELIGIBILITY

In order for a property-owner to receive an incentive, all of the following conditions must be met:

1. The property must be located within the City of Chula Vista.
2. Single-family property-owners must participate in SDG&E's Energy Upgrade California Program and business property-owners must participate in SDG&E's Energy Efficiency Business Incentive program.
3. Retrofits must be for existing buildings and result in long-term energy savings that will be verified through a post-installation inspection and energy analysis.
4. Any property over 45 years old will require an environmental clearance prior to the commencement of work.
5. Incentives are non-transferable, available until program funds are exhausted, and subject to change.

6. The City is not responsible for any taxes that may be imposed on the property-owner as a result of receiving an incentive payment through the program.
7. After an *Incentive Reservation Confirmation* is issued by the City, the applicant will have 90-days to complete the approved retrofit measures and submit the *Request for Incentive Payment* along with required documentation

PROGRAM DISCLAIMER

1. **I UNCONDITIONALLY AGREE TO WAIVE, RELEASE, DISCHARGE, AND CONVEYANT NOT TO SUE** the City of Chula Vista, its officers, agents, employees ("City") and Program Partners, from any and all claims and causes of action, whether in law or equity, that I, my agents, assigns, heirs, next of kin, or successors in interest may have for **ANY LIABILITY, LOSS, DAMAGE, or INJURY**, including liability for **personal injury, death, dismemberment, damage to property, or theft**, arising out of, related to, or in connection with the Chula Vista Energy Retrofit Incentive Program, whether caused or claimed to be caused by the active or passive negligent acts or omissions of the City.
2. **I AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS** the City from and against any and all liability, including but not limited to claims asserted, demands, causes of action, costs, expenses, losses, attorney fees, injuries, or payments for injury to any person or property, including injury to myself or others claimed to be caused by the acts or omissions of myself or in any way connected with the Chula Vista Energy Retrofit Incentive Program. Also covered is liability arising from, connected with, caused by, or claimed to be caused by, the active or passive negligent acts or omissions of the City that may be in combination with the active or passive negligent acts or omissions of myself, my agents, or any third party.
3. I AGREE AND EXPRESSLY ACKNOWLEDGE that the foregoing Waiver, Release, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the state of California, and that if any portion of this Agreement is held invalid, that the balance shall continue in full force and effect; I UNDERSTAND AND EXPRESSLY ACKNOWLEDGE that the City of Chula Vista is relying on my representation that I have the authorization to sign this document; and I CERTIFY that I have read this agreement, understand its contents, voluntarily sign this Waiver, Release, and Indemnity Agreement; and further agree that no oral representations, statements, or inducements apart from this written Agreement have been relied upon.

Property-Owner Signature _____ Name (please print) _____ Date _____

QUESTIONS? PLEASE CONTACT 619-409-3893 OR CONSERVATION@CI.CHULA-VISTA.CA.US

Completed reservation forms along with the necessary support documentation should be emailed to Conservation@ci.chula-vista.ca.us or mailed to:

Attn: HU/CD Energy Retrofit Incentive Program
 Conservation & Environmental Services Department
 276 Fourth Avenue
 Chula Vista, CA 91910

HU/CD staff will contact applicants to notify them if their reservation is approved, if further information is required, or if the program is not able to fund their incentive at this time.

**AUTHORIZATION TO: RECEIVE CUSTOMER
INFORMATION OR ACT ON A CUSTOMER'S BEHALF**

SUBMITTED TO THE FOLLOWING.

Please check all that apply:

- | | |
|-------------------------------|-----------------------------------|
| <input type="checkbox"/> PG&E | <input type="checkbox"/> SoCalGas |
| <input type="checkbox"/> SCE | <input type="checkbox"/> SDG&E |

THIS IS A LEGALLY BINDING CONTRACT—READ IT CAREFULLY

(Please Print or Type)

I, _____
NAME TITLE (IF APPLICABLE)

of _____ (Customer) have the following mailing address
NAME OF CUSTOMER OF RECORD

_____, and do hereby appoint
MAILING ADDRESS CITY STATE ZIP

of _____
NAME OF THIRD PARTY MAILING ADDRESS

CITY STATE ZIP

to act as my agent and consultant (Agent) for the listed account(s) and in the categories indicated below:

ACCOUNTS INCLUDED IN THIS AUTHORIZATION:

- | | | |
|----|-------------------------------|---------------------------------|
| 1. | _____
SERVICE ADDRESS CITY | _____
SERVICE ACCOUNT NUMBER |
| 2. | _____
SERVICE ADDRESS CITY | _____
SERVICE ACCOUNT NUMBER |
| 3. | _____
SERVICE ADDRESS CITY | _____
SERVICE ACCOUNT NUMBER |

(For more than three accounts, please list additional accounts on a separate sheet and attach it to this form)

INFORMATION, ACTS AND FUNCTIONS AUTHORIZED – This authorization provides authority to the Agent. The Agent must thereafter provide specific written instructions/requests (e-mail is acceptable) about the particular account(s) before any information is released or action is taken. In certain instances, the requested act or function may result in cost to you, the customer. Requests for information may be limited to the most recent 12 month period.

I (Customer) authorize my Agent to act on my behalf to perform the following specific acts and functions (initial all applicable boxes):

- | | | |
|--------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 1. | Request and receive billing records, billing history and all meter usage data used for bill calculation for all of my account(s), as specified herein, regarding utility services furnished by the Utility ¹ . |
| <input type="checkbox"/> | 2. | Request and receive copies of correspondence in connection with my account(s) concerning (initial all that apply): |
| <input type="checkbox"/> | a. | Verification of rate, date of rate change, and related information; |
| <input type="checkbox"/> | b. | Contracts and Service Agreements; |
| <input type="checkbox"/> | c. | Previous or proposed issuance of adjustments/credits; or |
| <input type="checkbox"/> | d. | Other previously issued or unresolved/disputed billing adjustments. |
| <input type="checkbox"/> | 3. | Request investigation of my utility bill(s). |
| <input type="checkbox"/> | 4. | Request special metering, and the right to access interval usage and other metering data on my account(s). |
| <input type="checkbox"/> | 5. | Request rate analysis. |
| <input type="checkbox"/> | 6. | Request rate changes. |
| <input type="checkbox"/> | 7. | Request and receive verification of balances on my account(s) and discontinuance notices. |

¹ The Utility will provide standard customer information without charge up to two times in a 12 month period per service account. After two requests in a year, I understand I may be responsible for charges that may be incurred to process this request.

AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION AND AUTHORIZE MY AGENT TO ACT ON MY BEHALF ON THE FOLLOWING BASIS² (initial one box only):

²If no time period is specified, authorization will be limited to a one-time authorization

☐ One time authorization only (limited to a one-time request for information and/or the acts and functions specified above at the time of receipt of this Authorization).

☐ One year authorization - Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the twelve month period from the date of execution of this Authorization.

☐ Authorization is given for the period commencing with the date of execution until _____ (Limited in duration to three years from the date of execution.) Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the authorization period specified herein.

RELEASE OF ACCOUNT INFORMATION:

The Utility will provide the information requested above, to the extent available, via any one of the following. My (Agent) preferred format is (check all that apply):

- ☐ Hard copy via US Mail (if applicable).
- ☐ Facsimile at this telephone number: _____
- ☐ Electronic format via electronic mail (if applicable) to this e-mail address: _____

I (Customer), _____ (print name of authorized signatory), declare under penalty of perjury under the laws of the State of California that I am authorized to execute this document on behalf of the Customer of Record listed at the top of this form and that I have authority to financially bind the Customer of Record. I further certify that my Agent has authority to act on my behalf and request the release of information for the accounts listed on this form and perform the specific acts and functions listed above. I understand the Utility reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I authorize the Utility to release the requested information on my account or facilities to the above Agent who is acting on my behalf regarding the matters listed above. I hereby release, hold harmless, and indemnify the Utility from any liability, claims, demands, causes of action, damages, or expenses resulting from: 1) any release of information to my Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Agent; and 3) from any actions taken by my Agent pursuant to this Authorization, including rate changes. I understand that I may cancel this authorization at any time by submitting a written request. **[This form must be signed by someone who has authority to financially bind the customer (for example, CFO of a company or City Manager of a municipality).]**

AUTHORIZED CUSTOMER SIGNATURE

TELEPHONE NUMBER

Executed this _____ day of _____ at _____
MONTH YEAR CITY AND STATE WHERE EXECUTED

I (Agent), hereby release, hold harmless, and indemnify the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the release of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes.

AGENT SIGNATURE

TELEPHONE NUMBER

COMPANY

Executed this _____ day of _____
MONTH YEAR